

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		08/14/00
O.I.P.E. CLASSIFIER	SW	32	8/18
FORMALITY REVIEW	SW	72346	9/30/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/16/02
2	✓	✓	2/11/02
3	✓	✓	2/11/02
4	✓	✓	2/11/02
5	✓	✓	2/11/02
6	✓	✓	2/11/02
7	✓	✓	2/11/02
8	✓	✓	2/11/02
9	✓	✓	2/11/02
10	✓	✓	2/11/02
11	✓	✓	2/11/02
12	✓	✓	2/11/02
13	✓	✓	2/11/02
14	✓	✓	2/11/02
15	✓	✓	2/11/02
16	✓	✓	2/11/02
17	✓	✓	2/11/02
18	✓	✓	2/11/02
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25	✓	✓	2/11/02
26	✓	✓	2/11/02
27	✓	✓	2/11/02
28	✓	✓	2/11/02
29	✓	✓	2/11/02
30	✓	✓	2/11/02
31	✓	✓	2/11/02
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42	✓	✓	2/11/02
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45	✓	✓	2/11/02
46	✓	✓	2/11/02
47	✓	✓	2/11/02
48	✓	✓	2/11/02
49	✓	✓	2/11/02
50	✓	✓	2/11/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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